# Tallapoosa County Schools Student/Parent Chromebook Use agreement

S	chool	Year	

NOTE: This form only applies to the student to whom the Chromebook was issued.

Student Name	:				
First		Last	Student ID #		
Parent Name	•				
	First	Last	Driver's License #		
Homeroom:		Grade: Parent email addres	SS:		
Physical Addre	ess:				
Home phone:		Work Phone: Ce	Il Phone:		

## Terms and Conditions

- I agree to pay a non-refundable annual usage / maintenance fee of \$ 40 per year on or before taking possession of the Chromebook and its accessories (i.e. charger).
  - I agree to practice digital citizenship and responsible social networks.
- I agree at all times to abide by the Tallapoosa County School District's Chromebook Acceptable Use Policy and Procedures Manual, incorporated herein by reference and forming part of it for all purposes. Any breach can immediately terminate my rights of possession, and the school system can take back the Chromebook and its accessories.
  - I agree that I will not deface the Chromebook or its accessories in any way, including adding stickers, markings, etc.
    - I understand that I will be assigned the same Chromebook each year.
- I agree that I will not alter (ie install VPNs) the Chromebook, or the software settings or functionality installed by Google or the Tallapoosa County School District.





Title

The legal title to the Chromebook and its accessories is in the name of Tallapoosa County Schools and will remain so.

#### Loss or damage

If the Chromebook is irretrievably damaged, lost, or stolen, I am responsible for a \$ 100 fee for a 1-time replacement. If the Chromebook is reported stolen, a police report must accompany the \$100 fee. Additional replacements, even in a different school year, will cost me or my parents / guardians the full value of a Chromebook. (current market price)

If the Chromebook is damaged but can be repaired, I am not responsible for a first time repair fee. I am responsible for the actual cost of repair for each additional damage occurrence to the Chromebook.

If the charger is damaged, lost, or stolen there is a replacement fee, if the LCD is damaged there is a fee, if the keyboard is damaged there is a fee. This fee (or fees) must be paid before receiving repairs, loaners or replacements.

Note: Seniors must clear all records and pay fees before participating in graduation ceremonies. Any older person who does not return their assigned Chromebook, whether lost or stolen, will be responsible for the full replacement cost of the Chromebook.

#### Repossession

If I do not comply with all the terms of this Agreement on time and in full, including the timely return of the Chromebook and its accessories, the school system will have the right to declare me in default and local police will be contacted to come to my workplace. residence, or other location of the Chromebook and its accessories, to take possession of the Chromebook and its accessories.

#### Agreement term

My right to use and possess the Chromebook and its accessories ends no later than the last day of the school year unless terminated by the Tallapoosa County School System before or when I withdraw from the Tallapoosa County School System.

Appropriation: My failure to promptly return the Chromebook and its accessories and the continued use of the Chromebook without the consent of the school system may be considered an illegal seizure of property that is legally owned by the Tallapoosa County School System.

Signatures:			
Student	Parent/Guardian	Date	

## Tallapoosa County Schools Technology Usage Policy Acknowledgement

#### Parents/Students:

Please read the information below. If you have any specific questions regarding the policy, please contact your Principal or Counselor at your school. The complete text of the Tallapoosa County Schools' technology policy has been included in the Tallapoosa County Schools Policy Manual.

From time to time, the school may wish to publish examples of student projects, group photographs, and other work on an Internet accessible World Wide Web server. I understand that pictures used on the Tallapoosa County Schools' web sites will include students when they are involved in projects, when they are in large groups, or when their student group receives recognition. The use of student photographs on the web site will include the use of first name/last initial only.

Selected school materials to be published on the web could include: art work, written papers, videos, class projects and/or computer projects.

#### **Students:**

Date Signed:

I acknowledge that I have read, understand, and agree to all terms in the Tallapoosa County Schools' Technology Usage Policy as outlined in the Tallapoosa County Schools' Policy Manual. I further understand that, as a user on the Tallapoosa County Schools' network, I am responsible for appropriate behavior when using any Tallapoosa County Schools' technology resource.

I understand that any or all of the following disciplinary actions could be imposed if I break any of the rules in the policy:

- loss of access to any technology resources such as but not limited to computers, printers, the Internet, and/or video equipment;
- additional disciplinary action determined as appropriate at a specific school by school staff; and/or
- legal action, when applicable.

I also understand that this agreement will be binding during my entire career at my current school.

Student Name (Please Print):

Student Signature:

Parent/Guardian:

My child's picture may be published on the Internet using his/her first name/last initial only. Yes My child's selected school materials may be published on the Internet and/or school and District TV channels.

Yes No

Parent Name (please print):

Parent's Signature:



# ALABAMA STATE DEPARTMENT OF EDUCATION



## HEALTH ASSESSMENT RECORD

Cohool Warm		
School Year:	-	

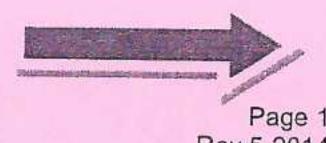
To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

## This information will be kept confidential. PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)				Rirth Data   Say   Cahaal			
( ass, they induite)			Dirth Date		School		
one Number:	Number: Additional Phone Number:		Grade		Teacher/Homeroom		
ddle)			<b>L</b>		Work Phone Number:		
			****				
Car Rider	☐ Spec	ial Needs Bu	S		☐ After School		
Part I	- Health Infor	mation					
	Your child's Insurance Information:		Place your child receives dental care:				
	□ ALL KIDS		Dentist's Name:				
☐ Medicaid	<ul> <li>☐ Medicaid</li> <li>☐ No Insurance</li> <li>☐ Other</li> <li>☐ Private Insurance</li> </ul>		Address:  Phone:  Community Health Center				
□ No Insura							
□ Other							
☐ Private In			☐ Health Department				
			☐ Hospital Clinic		Clinic		
			☐ No Regular Place		ar Place		
		□ Private		vate D	e Dentist /HMO		
Preferred Hospital:							
story Medica	I Equipment /	Procedur	os Pa	aquir	od at School		
Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy							
Vagal Nerve Stimulator (VNS)     Ventilator   Wheelchair   Walker							
Other Please explain:  Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school purso					ne for each medication or		
	Car Rider Part I  Your child's Ir  ALL KIDS  Medicaid No Insura  Other Private In  story Medica  Nebulizer T  Ventilator	Part I — Health Infor  Your child's Insurance Informatio  ALL KIDS  Medicaid  No Insurance  Other  Private Insurance  Nebulizer Treatments  Ventilator Wheelchair	Additional Phone Number:    Car Rider	Car Rider	Done Number: Additional Phone Number: Grade    Car Rider		

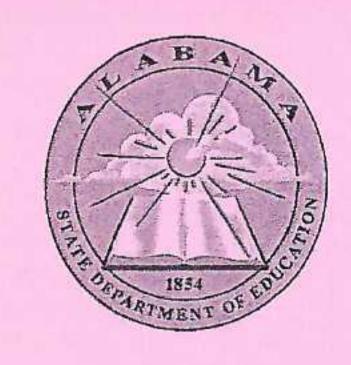
Please Complete Back of Form (Signature Required)





Signature of school nurse:

### ALABAMA STATE DEPARTMENT OF EDUCATION



## HEALTH ASSESSMENT RECORD

		School Year:				
	Part III – Medical History					
□ YES □ NO	KNOWN HEALTH PROBLEMS					
	If NO, go directly to the bottom of the page and pr	rovide parent/guardian signature				
	If YES, and diagnosed by a physician, answer ea					
□ YES □ NO	Attention Deficit Disorder (ADD)					
□ YES □ NO	Attention Deficit Hyperactivity Disorder (ADHD)					
	Requires medication   At school   At Home					
□ YES □ NO	Allergies:	□ Hives/rash □ Medications				
U 1200 NO	Food	L Modioaliono				
	□ Insects	□ Breathing difficulty □ Epi-pen				
	Environmental					
	□ Medications	□ Other:				
□ YES □ NO	Asthma    Uses an inhaler at school	□ Uses an inhaler at home				
□ YES □ NO	Blood/Bleeding Problems:   Hemophilia,	□Von Willebrand's, □Other				
	□ Requires medication Please explain:					
VEC. NO.	Function Discourse Discourse Discourse and a land					
- YES - NO	Frequent Nose Bleeds: Please explain					
- YES - NO	Carcer/Leukemia: Please explain					
□ YES □ NO	Cerebral Palsy: Please explain  Cystic Fibrosis: Please explain					
□ YES □ NO	Dental Problems: Please explain:					
PYES D NO	Diabetes - Type 1 Diabetes - Monitors Blood S	ugars at school   Requires Insulin at school				
o ilo ilo	Diabetes   Type   Diabetes   I Monitors Diood o	□ Insulin pump				
		□ Glucagon order				
	□ Type 2 Diabetes □ Managed with die					
□ YES □ NO	Emotional/Behavioral/Psychological: Please explain					
□ YES □ NO	Gastrointestinal/Stomach Problems: Please explain:					
□ YES □ NO	Genetic / Rare Disorders: Please explain:					
□ YES □ NO	Headaches: Please explain:	Dath sees - Usering lane - Usering aid				
□ YES □ NO	Hearing Problems:   Right Ear  Left Ear  Tubes Cochlear Implant	Both ears				
□ YES □ NO	Heart Condition:   Activity restrictions:	□ Medications taken at home:				
U ILSU NO	Please explain:	inculcations taken at nome.				
□ YES □ NO	Hypertension (High Blood Pressure): Please explain					
□ YES □ NO	Juvenile Arthritis/Bone-Joint Problems: Please expl					
□ YES □ NO	Kidney/ Bladder/ Urinary Problems: Please explain:					
□ YES □ NO	Scoliosis:   No Treatment   Wears Brace	□ Surgery □ Family History				
□ YES □ NO	Seizures/Convulsions: Type of seizure:					
	Medications:   Diastat   Klonopin   Versed	□ Medication taken at home □ Other				
	Please explain:					
□ YES □ NO	Sickle Cell:   Anemia   Trait					
□ YES □ NO	Shunt: DVP shunt Please explain:					
□ YES □ NO	Spina Bifida:					
□ YES □ NO	Special Diet: Please explain:					
□ YES □ NO	Vision Problems:   Wears glasses   Wears con					
□ YES □ NO	Other Medical Conditions: Please include any medical	cations taken at home only.				
Required Signatures						
Signature of pare	nt(s) or guardian:	Date:				

Date:\_